

STATE OF NEBRASKA
NEBRASKA HOMELESS ASSISTANCE PROGRAM
2006 Application

APPLICATION FOR NEBRASKA HOMELESS
ASSISTANCE PROGRAM (NHAP) NEBRASKA
HEALTH AND HUMAN SERVICES SYSTEM,
OFFICE OF ECONOMIC AND FAMILY SUPPORT

HHSS Use Only

Date Reviewed _____

App. # 06-NHAP-_____

App. Complete: _____ Yes _____ No

Date Received _____

Staff Initials: _____

GENERAL INFORMATION
TYPE OR PRINT ALL INFORMATION

APPLICANT IDENTIFICATION Organization: _____ Address: _____ ____ NE _____ FAX: () _____ (Zip Code) Telephone Number: () _____ Web site _____ Federal I.D. Number: _____	PROGRAM DIRECTOR Program Name: _____ Director Name: _____ Mailing Address: _____ ____ NE _____ (Zip Code) Telephone Number: () _____ E-mail Address: _____
ROLE IN CONTINUUM OF CARE (please check all that apply) ____ Homeless Prevention ____ Day Center/Shelter ____ Long-term Shelter ____ Support Services Only ____ Transitional Housing ____ Intake/Outreach ____ Emergency Shelter ____ Other: (Please Specify) _____	GRANT ADMINISTRATOR/FINANCIAL DIRECTOR Name: _____ Address: _____ ____ NE _____ (Zip Code) Telephone Number: () _____ E-mail Address: _____

CATEGORY	NHAP AMOUNT REQUESTED
Facility Operations	\$
Client Services	\$
Homeless Prevention	\$
Facility Rehabilitation	\$
TOTAL	\$

CERTIFYING OFFICIAL

To the best of my knowledge and belief, data and information in this application is true and correct, including any commitment of other resources. The governing body of the applicant has duly authorized this application. This applicant will comply with all State requirements governing the use of HSATF grants and all Federal requirements governing the use of ESGP funds.

Executive Officer

Typed Name and Title

Date Signed

Board Chair

Typed Name and Title

Date Signed

SUBMIT THE ORIGINAL AND (7) COPIES OF THE ENTIRE APPLICATION TO:

Nebraska Health and Human Services System
Nebraska Homeless Assistance Program
Attn: Jean L. Chicoine, NHAP Program Specialist
PO Box 95044, 301 Centennial Mall South, 4th Floor
Lincoln, NE 68509-5044

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SECTION I – 20 POINTS

Organization, Program, Services, Populations Served

NOTE: Application must be in 12 point font. Single-space with double spacing between paragraphs. Standard margins (1" top and bottom; 1.25 left and right). Do not exceed maximum page limit for each section. Single-side only.

A. INSTRUCTIONS: (3 page maximum) Please provide information and/or respond to the following questions or requests:

- 1) Provide a brief history of your organization (when founded, growth of organization, staff, and budget).
- 2) What is the organization's mission statement?
- 3) How does the program fit the agency's mission statement?
- 4) What is the number of agency staff, expressed in full time equivalent numbers, allocated to this program?
- 5) Briefly describe the service(s) clients receive from this program (what, when, where). If services are provided to clients in multiple counties, list the counties and, if applicable, describe any service(s) unique to a particular county.
- 6) Briefly describe the program's target population (who) (i.e., chronic homeless, domestic violence, drug and alcohol abuse, youth).
- 7) What characteristics and/or criteria make clients eligible for the program's service(s)?
- 8) If the agency provides emergency shelter and/or transitional housing, please indicate the number of rooms, beds, mattresses, and/or cribs available in the program for which you are seeking funding. Use table(s) below.

EMERGENCY SHELTER		
Unit	Current Number	Projected Number (if new or expansion project)
Single household/family bedrooms (units)		
Beds		
Cots		
Cribs		
Additional Mattresses		

TRANSITIONAL HOUSING		
Unit	Current Number	Projected Number (if new or expansion project)
Single household/family bedrooms (units)		
Beds		
Cots		
Cribs		
Additional Mattresses		

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SECTION II – 20 POINTS

Program Funding Requested

B. FUNDING REQUEST: (3 page maximum)

1. We are requesting NHAP funds for (check all that apply)

- A. _____ Continuation of existing program and services currently funded by NHAP
- B. _____ Expansion of existing program and services
- C. _____ New program and/or services

2. Project Title (Project to be Funded) _____

A. For continuation of existing program:

- 1) For continuation funding of the program described in Section I, state the name of the program and services only.

B. For expansion of an existing program:

- 1) For expansion of an existing program and services, provide historic data (unduplicated numbers of individuals served) to support the expansion.

C. For a new program:

- 1) For a new program and new services, explain how the proposed program and services fill an identified gap as reflected in the region's continuum of care Exhibit 1 developed for HUD's Super NOFA (Supportive Housing, Shelter + Care, and SRO).

Note: The Exhibit 1 is a plan developed by the regional continuum of care that reflects regional needs. The plan identifies available and planned housing and services and identifies gaps in housing and services. Data from the region's Exhibit 1 are incorporated into Nebraska's five-year consolidated plan submitted to the Department of Housing and Urban Development. See Section VI, page 19, on accessing the regional Exhibit 1.

3. For Continuation, Expansion, and/or New funding:

- 1) Explain why there is a need to serve the identified population. Describe how the existing or proposed program and services enable the population that is homeless and/or near homeless achieve self-sufficiency.
- 2) Why should this application be funded?

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SECTION III – 10 POINTS

Program Data

C. Demographic Data: (Use space provided.)

INSTRUCTIONS: Complete the tables for homeless and/or near-homeless populations for the identified program(s). Use data from July 1, 2004 through June 30, 2005.

	HOMELESS		NEAR HOMELESS	
Age Range	Unduplicated #	% to Total Unduplicated #	Unduplicated #	% to Total Unduplicated #
Adults				
Youth				
Minors/children				
TOTAL		100%		100%
Gender	Unduplicated #	% to Total Unduplicated #	Unduplicated #	% to Total Unduplicated #
Male				
Female				
Transgender				
TOTAL		100%		100%
Ethnicity	Unduplicated #	% to Total Unduplicated #	Unduplicated #	% to Total Unduplicated #
Hispanic/Latino				
Not Hispanic/Latino				
TOTAL		100%		100%
Racial Background	Unduplicated #	% to Total Unduplicated #	Unduplicated #	% to Total Unduplicated #
American Indian/Alaskan Native				
Native Hawaiian/Other Pacific Islander				
Asian				
Black/African American				
White				
Other Multi-Racial				
Other (specify)				
TOTAL		100%		100%

- 1) Based on current trends of your agency, do you anticipate an increase or a decrease in the number of people who will be served in the 2006-2007 grant year (July 1, 2006 – June 30, 2007)?

Anticipate increase _____ Anticipate decrease _____

- 2) Anticipated percentage increase _____ Anticipated percentage decrease _____

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- 3) Do you anticipate a change in client demographics for the grant year 2006-2007?
Yes No

4) If yes, please explain.

[illegible]

- 5) Is interpretive service needed? Yes _____ No _____

6) If yes, for which languages?

7) List the interpretive service provided by the program. _____

8) How/where does the program access the additional and/or outside interpretive service that may be needed?

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SECTION IV – 10 POINTS

Budget Information

D. BUDGET (2 page maximum on budget narrative.)

INSTRUCTIONS: Information provided should include only income that is associated with your organization's homeless or near-homeless programs.

**Funding Sources Current Year
(NHAP 2005-2006)**

Source	Dollars
ESG	
HSATF	
Other Federal:	
1. Comm. Ser. Block Grant	
2. FEMA	
3. NHHS	
4.	
NE Comm. On Law Enforcement & Crim. Justice (NCLEJ)	
1.	
2.	
Mental Health Region	
Local Government:	
1.	
2.	
Foundations:	
1.	
2.	
3.	
4.	
Private (individual donations)	
Fees	
Other: (Specify Source)	
1.	
2.	
3.	
4.	
TOTAL ANNUAL INCOME	

**Projected Funding Sources Fiscal Year
(NHAP 2006-2007)**

Source	Dollars
ESG	
HSATF	
Other Federal:	
1. Comm. Ser. Block Grant	
2. FEMA	
3. NHHS	
4.	
NE Comm. On Law Enforcement & Crim. Justice (NCLEJ)	
1.	
2.	
Mental Health Region	
Local Government	
1.	
2.	
Foundations:	
1.	
2.	
3.	
4.	
Private (individual donations)	
Fees	
Other: (Specify Source)	
1.	
2.	
3.	
4.	
TOTAL ANNUAL INCOME	

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Program Expense

Note: Information provided should include only expenses that are associated with your organization's homeless or near-homeless programs. Applications for NHAP funding that include more than 50 percent for the homeless prevention category must provide an explanation of what other agencies and programs are adequately addressing the needs of persons in the service area that are homeless.

	NHAP Request	Other Sources	Total Budget
A. Facility Operations:			
Personnel (For Intake & General Supervision)			
Fringe Costs (Not to exceed 25% of personnel costs)			
Contract Personnel			
Hotel/Motel Vouchers for Emergency Shelter			
Facility Occupancy: (Includes Rent, Maintenance, Utilities, Insurance, Phone, Security.)			
Furnishings & Equipment			
Audit (Portion that applies to homeless & near homeless program)			
Staff Travel			
Conferences/Training (Homeless & Near-homeless only)			
Other			
TOTAL SECTION A.			
B. Client Services:			
Personnel (For Case Management & Client Services to Homeless Persons)			
Fringe Costs (Not to exceed 25% of personnel costs)			
Contract Personnel			
Client Transportation			
Client Child Care			
Client Medications			
Client Food			
Other			
TOTAL SECTION B.			
C. Homeless Prevention:			
Personnel (For Case Management & Counseling to Near-Homeless Persons)			
Fringe Costs (Not to exceed 25% of personnel costs)			
Utilities Arrearage			
Rent Arrearage			
Mortgage Arrearage			
Security Deposit			
Contract Personnel			
Other			
TOTAL SECTION C.			

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D. Rehabilitation/ New Construction:	NHAP Funds	Other Sources	Total Budget
Plumbing			
Mechanical			
Electrical			
Carpentry			
Roofing			
Siding			
Painting			
Other			
TOTAL SECTION D.			

	NHAP Funds	Other Sources	Total Budget
TOTAL SECTION A Facility Operations Total			
TOTAL SECTION B Client Services Total			
TOTAL SECTION C Homeless Prevention Total			
TOTAL SECTION D Rehabilitation/New Construction Total			
GRAND TOTAL			

BUDGET NARRATIVE INSTRUCTIONS: The budget narrative information provided should include only income and expenses that are associated with your organization's homeless and near-homeless programs. Narrative must describe how line item amounts were determined.

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SECTION V – 15 POINTS

Effectiveness Measures – Program Outcomes & Impact

E. PROGRAM OUTCOMES AND IMPACT (Use form attached and space provided below to answer this section.)

- 1) Provide program information using the Logic Model. **See instructions and use form at end of application.**

Resources/Inputs	Activities	Outputs	Outcomes	Impact
		(Sample of format)		

- 2) What are the successes of the program?

- 3) What are the challenges of the program?

- 4) Are there clients who need services and currently are not receiving services? _____
Yes No

5) Briefly explain.

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SECTION VI – 25 POINTS

Continuum of Care – Community Outcome

F. CONTINUUM OF CARE (2 page maximum.)

Explain how this program fits into the regional continuum of care Exhibit 1 and other applicable strategic plans. Utilize data and information from the regional continuum of care Exhibit 1 and the gaps analysis. The Exhibit 1 is a plan developed by the regional continuum of care and is used to reflect regional needs in Nebraska's five-year consolidated plan submitted to the Department of Housing and Urban Development. The Exhibit 1 identifies services and housing, both available and planned. The plan also identifies gaps in services and housing.

Note: Information on the Exhibit 1 is available at the NHAP Web site at:

http://www.hhs.state.ne.us/fia/nhap/c_of_c.htm

Click on the corresponding region; scroll to the bottom of the page to access the Exhibit 1.

1. Does the program/agency staff participate in the regional continuum of care meetings? _____ Yes _____ No
2. If yes, who attends the CoC meetings? _____
3. If no, please explain the reason for non-attendance.

4. How does this program collaborate with other programs in the regional continuum of care area?

5. In what other community planning efforts does this program participate?

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CERTIFICATIONS

A. Continuum of Care:

A Continuum of Care promotes a coordinated, strategic planning approach for programs that assist families and individuals who are homeless. Continuums of care have seven fundamental components:

- 1) Homeless prevention
- 2) Intake/outreach/assessment
- 3) Emergency shelter
- 4) Transitional programs with supportive services
- 5) Permanent housing available to persons who are moving out of homelessness
- 6) Permanent housing with permanent supportive services
- 7) Support services for persons who are homeless.

By signing this certification page the applicant agrees to participate in regional and sub-regional continuums of care. The applicant agrees to support the activities related to the fundamental components of the Nebraska Continuum of Care; pledges to be an active member in the regional continuum of care; is committed to being an active participant in developing a regional comprehensive plan to address the needs of people who are homeless and near homeless. Through active participation in the regional and sub regional continuums of care, the applicant participates in the Nebraska Continuum of Care.

B. Homeless Management Information System (HMIS) & Data Collection.

A Homeless Management Information System is a reporting system for agencies who work with people who are homeless and near homeless. The McKinney-Vento Act, as summarized in a Report to Congress, requires and/or encourages collecting, analyzing, and reporting data. The Department of Housing and Urban Development (HUD) required implementation of an HMIS by October of 2004. As a result of the requirement, the Nebraska Management Information System (NMIS) formed a 501 (c) (3) to conduct activities to comply with the HUD reporting requirement.

Respond to the following questions:

1. Is your program/agency utilizing the NMIS system for data collection? Yes _____ No _____
2. If yes:
 - a) How many user licenses does your agency have for the homeless and/or near homeless program(s)? _____
 - b) Is your agency entering data for the homeless and/or near homeless program(s)?
Yes _____ No _____
 - c) When did your agency begin entering data on homeless and/or near homeless program(s)?

 - d) Has the data been reviewed for integrity (i.e., null fields) by your system administrator?
Yes _____ No _____
 - e) If yes to (d), has your system administrator pulled reports of unduplicated persons who are homeless and/or near homeless and served by your agency? Yes _____ No _____

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- f) If your agency is not yet on the NMIS, where is your agency in the process of meeting HUD's requirements for compliance as outlined in HUD HMIS Data and Technical Standards – Final Notice (45923 Federal Register/Vol. 69, No. 146/Friday, July 30, 2004/Notices)?

As a recipient of NHAP grant funds, agencies are required to participate in statewide collection of data on people who are homeless and near homeless. The applicant must agree to provide information as requested so that the state can compile information about homeless persons (and the services provided by organizations to people who are homeless). The state is required to collect this information in order to be eligible to receive federal funding for housing and homeless programs. Any information provided by the applicant organization would be kept confidential to protect persons who receive services. By signing this certification, the applicant indicates an intent to participate.

C. AGREEMENT TO OPERATE A DRUG-FREE WORKPLACE STATEMENT

The applicant assures the Department of Health and Human Services that the agency operates a drug-free workplace in accordance with Nebraska State guidelines. The applicant assures that a drug-free workplace policy has been implemented. **Attach copy of agency policy.**

I understand that by signing the Certification form that the applicant will comply with these guidelines and requirements and if not signed, this application cannot be considered for funding.

Name _____
Signature of Executive Director/CEO of Organization

Title _____

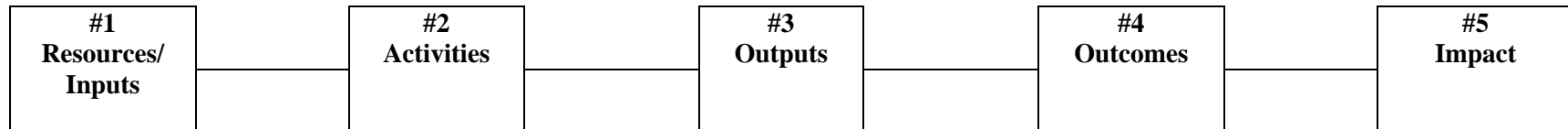
Date _____
Agency Administrator

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LOGIC MODEL

Logic Model:

The Logic Model application provides a sequence of related events connecting the need for the planned program with the program's desired results. Mapping a program helps visualize and understand how human and financial investments contribute to achieving the intended program goals.



Your Planned Work			Your Intended Results	
#1 Resources/Inputs	#2 Activities	#3 Outputs	#4 Outcomes	#5 Impact
Certain resources are needed to operate your program – protective resources include funding, collaborations and networks, staff and volunteers, time, facilities, equipment and supplies – risks or barriers include attitudes, lack of resources, policies, laws, regulations, and geography	If you have access to resources, then you can use them to accomplish your planned activities – the process, techniques, tools, events, technology, and actions of the planned program. Products may include promotional and educational materials, services of education and training, counseling or screening, infrastructure of relationships and capacity used to bring about he desired results	If you accomplish your planned activities, then you will be able to deliver the amount of product and/or service that you intended – the direct results of the program activities described in terms of size and/or scope of the services and products delivered or produced by the program – e.g. the number of classes taught, meetings held, materials produced, program participation rates and demography, hours of each type of service provided	If you accomplish your planned activities to the extent you intended, then your participants will benefit in certain ways – specific changes in attitude, behavior, knowledge, skill, status or level of functioning expected to result from program activities and which are most often expressed at an individual level	If these benefits to participants are achieved, then certain changes in organizations, communities, or systems might be expected to occur – organizational, community, and/or system-level changes expected to result from program activities – this may include improved conditions, increased capacity and/or changes in the policy arena

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Instructions and Example

I. Resources/Inputs & Activities:

- 1) List resources and inputs that can contribute to the success of the activities, outputs, outcomes and impact of the funded project.
- 2) Briefly list **primary** activities to be carried out (with corresponding outputs, outcomes, and impact). What do you intend to do?

II. Program Outputs & Outcomes:

- 1) When providing Program Output & Outcome Data, include the **numbers** for both Outputs and Outcomes.
 - a) Outputs refer to units of service delivered. A unit of service is a service offered (i.e., a meal, class session, rent or utility arrearage, sessions presented.). If projected data are significantly less than the past NHAP grant year, please explain.
 - b) Outcomes refer to the benefits the individuals and families garnered. “How did the program help the people involved?” “What did the individuals/families and the community gain by your agency’s activities and outputs?”

The Output and Outcome Data are indicators that identify (what) and measure (how many or how much) is involved and invested and that, when analyzed, signals an outcome has been achieved. Express indicators by both the number and percent (i.e., 61 of 72 participants [85%] in the financial fitness training sessions reduced personal debt).

III. Impact/Community Outcome:

- 1) Describe the impact on the community. Community Outcomes should be related to, but are not limited to, the region’s Super NOFA Exhibit 1, other continuum of care strategic plans, and/or other regional and state planning efforts. Information on the Exhibit 1 for each region is available at the NHAP Web site at:

http://www.hhs.state.ne.us/fia/nhap/c_of_c.htm

Nebraska’s plan on ending chronic homelessness is available at the NHAP Web site at:

<http://www.hhs.state.ne.us/fia/nhap/nhapplan.htm>

Check with your regional continuum of care for other strategic and regional plans in your area.

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Logic Model Example:

Example: The Process - Resources through Impact

Your Planned Work		Your Intended Results		
(Financial Fitness Program Planning)		(Financial FitnessClass Results)		
#1 Resources/Inputs	#2 Activities	#3 Outputs	#4 Outcomes	#5 Community Impact
<ul style="list-style-type: none"> • class room space • clients & instructors schedules • transportation • child care • class supplies • curriculum • instructors • clients • volunteers (bankers, caseworkers, students) 	<ul style="list-style-type: none"> • Review availability of classroom space and locations. • Create class schedule • Arrange transportation with volunteers • Schedule child care • Make copies of class material & obtain supplies • Confirm instructor availability • Confirm schedules with volunteers 	<ul style="list-style-type: none"> • Conduct 6 sessions of 1 hour classes on financial fitness for 72 individuals in 6 counties. • Distribution of financial fitness training materials to 72 individuals in 6 counties. • Provide transportation and child care to 72 individuals in 6 counties to ensure class attendance. 	<ul style="list-style-type: none"> • 61 of 72 (85%) of the students increase financial planning skills determined by using pre & post test results. • 36 of 72 students (50%) are able to restructure and pay down debt. • 14 of 72 (20%) are able to increase income. • 7 of 72 (10%) are able to create a savings account. 	<ul style="list-style-type: none"> • A portion of the citizenry has increased financial fitness skills.

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Your Planned Work

Your Intended Results

#1 Resources/Inputs	#2 Activities	#3 Outputs	#4 Outcomes	#5 Impact

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Your Planned Work

Your Intended Results

#1 Resources/Inputs	#2 Activities	#3 Outputs	#4 Outcomes	#5 Impact

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